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PTO/SB/21 (6-98)
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Total Number of Pages in This Submission

Application Number

09/109,830

Filing Date

July 2, 1998

First Named Inventor

Group Art Unit

3724

Examiner Name

C. Dexter

Attorney Docket Number KE27-001

Rebecca Joyce

ENCLOSURES (check all that apply)				
X Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group		
X Fee Attached	Drawing(s)	Appeal Communication to Board of Appeals and Interferences		
X Amendment / Response	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
X After Final	Petition Routing Slip (PTO/SB/69) and Accompanying Petition	Proprietary Information		
Affidavits/declaration(s)	Petition to Convert to a Provisional Application	Status Letter		
X Extension of Time Request	Power of Attorney, Revocation Change of Correspondence Address	Additional Enclosure(s) (please identify below):		
Express Abandonment Request	Terminal Disclaimer Small Entity Statement	PTO return receipt postcard Request for RCE		
information Disclosure Statemer	Request for Refund	W		
Certified Copy of Priority Document(s)	Remarks Customer No. 021567	10		
Response to Missing Parts/ Incomplete Application	The Commissioner is hereby authorized required under 37 CFR Sections 1.16 a			
Response to Missing	overpayments to: 23-0925.			
Parts under 37 CFR 1.52 or 1.53		9 20 MAIL		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or		, and the second		
Individual name James L. Price;	Wells, St. John			
Signature Amue	A. Saio			
Date / 10/10/0	/			

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See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

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Complete if Known				
Application Number	09/109,830			
Filing Date	July 2, 1998			
First Named Inventor	John P. Kennelly			
Examiner Name	C. Dexter			
Group / Art Unit	3724			
Attorney Docket No.	KE27-001			

METHOD OF PAYMENT (check one)				FI	EE CALCULATION (conti	inued)	
1. X The Commissioner is hereby authorized to charge indicated fees and credit any overrousements to:							
— indicated lees and credit any overpayments to.	Large Fee	e Entit Fee		I Entity Fee	/ Fee Description		Fee Paid
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Account Name Wells, St. John			400		Non-English specification		0.00
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X Check ☐ Money ☐ Other	113	1,840*	113	1,840*	Requesting publication of SIR at Examiner action	ifter	0.00
FEE CALCULATION	115	110	215	55	Extension for reply within first m	nonth	0.00
1. BASIC FILING FEE	116	380	216	190	Extension for reply within second	d month	0.00
1. BASIC FILING FEE Large Entity Small Entity	117	870	217	435	Extension for reply within third n	month	460.00
Fee Fee Fee Fee Description	118	1,360	218	680	Extension for reply within fourth	month	0.00
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106 310 206 155 Design filing fee	119	300	219	150	Notice of Appeal	C	0.00
107 480 207 240 Plant filing fee	120	300	220	150	Filing a brief in support of an app	peal ω	0.000
108 690 208 345 Reissue filing fee	121	260	221	130	Request for oral hearing	0(C 0.00
114 150 214 75 Provisional filing fee	138	1,510	138	1,510	Petition to institute a public use		0.00
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2. EXTRA CLAIM FEES Fee from		1,210	242	605	Utility issue fee (or reissue)		, <u>e</u>
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Total Claims 218 -20** = X = Independent 3 - 3** = X	144 122	580 130	244 122	290 130	Petitions to the Commissioner		3
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103 18 203 9 Claims in excess of 20	146	690	246	345	Filing a submission after final re		0.00
102 78 202 39 Independent claims in excess of 3		200		0.45	(37 ČFR § 1.129(a))		0.00
104 260 204 130 Multiple dependent claim, if not paid	149	690	249	345	For each additional invention to examined (37 CFR § 1.129(b))	be	0.00
109 78 209 39 ** Reissue independent claims over original patent	Other	fee (sp	ecify)	RCE	3		370.00
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Name (Print/Type) James L. Price A Registration No. (Attorney/Agent) 27,376 Telephone 509-624-4276							
Signature Date 10/10/0/							

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